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PTO/SB/05 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032

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Please type a plus sign (+) inside this box → +

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. **47079-0129**First Inventor **Jason C. Gilmore**Title **GAMING MACHINE WITH CHAIN REACTION SELECTION FEATURE**Express Mail Label No. **EH323733753US filed January 9, 2002****APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:
**Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231**

- | | |
|---|---|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status.
See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 14]
(preferred arrangement set forth below) <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D Invention - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure </p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 8]</p> <p>5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 3] <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 17 completed) <ul style="list-style-type: none"> i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u>
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). </p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies </p> |
|---|---|

Accompanying Application Parts

- 9. Assignment Papers (cover sheet & document(s))
- 10. 37 CFR 3.73(b) Statement Power of Attorney (when there is an assignee)
- 11. English Translation Document (if applicable)
- 12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
- 13. Preliminary Amendment
- 14. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- 15. Certified Copy of Priority Document(s)
(if foreign priority is claimed)
- 16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
- 17. Other

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No: ____ / ____, filed

Prior application Information: Examiner _____ Group/Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or New correspondence address below

NAME	Michael J. Blankstein				
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	800 South Northpoint Boulevard				
CITY	Waukegan	STATE	IL	ZIP CODE	60085
COUNTRY	USA	TELEPHONE	(773) 961-1480	FAX	(773) 961-1237
Name (Print/Type)	Michael J. Blankstein		Registration No. (Attorney/Agent)		37,097
Signature			Date January 9, 2002		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL

for FY 2001

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$ 870)

Complete if Known	
Application Number	
Filing Date	January 9, 2002
First Named Inventor	Jason C. Gilmore
Examiner Name	
Group Art Unit	
Attorney Docket Number	47079-0129

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:		3. ADDITIONAL FEES	
Deposit Account Number <u>232409/(0129)</u>		Large Entity Small Entity	
Deposit Account Name <u>WMS Gaming Inc.</u>		Fee Code	Fee (\$)
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		Fee Code	Fee (\$)
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Fee Description	Fee
2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other		105 130 205 65 Surcharge - late filing fee or oath	_____
		127 50 227 25 Surcharge - late provisional filing fee or cover sheet.	_____
		139 130 139 130 Non-English specification	_____
		147 2,520 147 2,520 For filing a request for ex parte reexamination	_____
		112 920* 112 920* Requesting publication of SIR prior to Examiner action	_____
		113 1,840* 113 1,840* Requesting publication of SIR after Examiner action	_____
		115 110 215 55 Extension for reply within first month	_____
		116 400 216 200 Extension for reply within second month	_____
		117 920 217 460 Extension for reply within third month	_____
		118 1,440 218 720 Extension for reply within fourth month	_____
		128 1,960 228 980 Extension for reply within fifth month	_____
		119 320 219 160 Notice of Appeal	_____
		120 320 220 160 Filing a brief in support of an appeal	_____
		121 280 221 140 Request for oral hearing	_____
		138 1,510 138 1,510 Petition to institute a public use proceeding	_____
		140 110 240 55 Petition to revive - unavoidable	_____
		141 1,280 241 640 Petition to revive - unintentional	_____
		142 1,280 242 640 Utility issue fee (or reissue)	_____
		143 460 243 230 Design issue fee	_____
		144 620 244 310 Plant issue fee	_____
		122 130 122 130 Petitions to the Commissioner	_____
		123 50 123 50 Processing fee under 37 CFR 1.17(q)	_____
		126 180 126 180 Submission of Information Disclosure Statement	_____
		581 40 581 40 Recording each patent assignment per property (times number of properties)	40
		146 740 246 370 Filing a submission after final rejection (37 CFR 1.129(a))	_____
		149 740 249 370 For each additional invention to be examined (37 CFR 1.129(b))	_____
		179 740 279 370 Request for Continued Examination (RCE)	_____
		169 900 169 900 Request for expedited examination of a design application	_____
		Other fee (specify) _____	_____
		SUBTOTAL (3) (\$ 40)	(\$ 40)

FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity	Small Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	<u>740</u>
106	330	206	165	Design filing fee	_____
107	510	207	255	Plant filing fee	_____
108	740	208	370	Reissue filing fee	_____
114	160	214	80	Provisional filing fee	_____
SUBTOTAL (1)				(\$ 740)	
2. EXTRA CLAIM FEES					
		Extra	Fee from below	Fee Paid	
Total Claims	25 -20 =	5	X 18	=	<u>90</u>
Independent Claims	3 - 3 =	0	X 84	=	<u>0</u>
Multiple Dependent Claims		X	—	=	—
Large Entity	Small Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	
103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim, if not paid	
109	84	209	42	** Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)				(\$ 90)	

** or number previously paid, if greater; For Reissues, see above

SUBMITTED BY					
Complete (if applicable)					
Typed or Printed Name	Michael J. Blankstein	Registration No. (Attorney/Agent)	37,097	Telephone	(773) 961-1480
Signature	<i>Michael J. Blankstein</i>			Date	January 9, 2002